

IPDR6702		NORTH CAROLINA			PAGE: 1		
RUN DATE: 11/06/2006		IPRS CHECKWRITE SUMMARY REPORT					
		CHECKWRITE DATE: 11/07/2006					
		FINANCIAL PAYER: NCDMH					
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8599	1000	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			
		11	282	CLIENT NOT ELIGIBLE ON SERVICE DATE	4	1624	2940 1316
		8505	114	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			
3404904	WESTERN HIGHLAN DS LME	8534	85	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F			
		191	51	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	243	5223 4980
		143	37	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE			
3404910	PATHWAYS	11	553	CLIENT NOT ELIGIBLE ON SERVICE DATE			
		8599	462	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	295	2033	16997 14964
		8933	219	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
3404912	CATAWBA COUNTYM ENTAL HEALT	8935	6	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
		79	2	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	6	10	2533 2523
		5404	1	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD			
3404913	MECKLENBURG COM ENTAL HEALT	8518	10989	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE			
		11	3893	CLIENT NOT ELIGIBLE ON SERVICE DATE	944	15854	15895 41
		8933	817	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.			
3404916	CROSSROADS BEHA VIOAL HEAL	8518	556	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE			
		8535	63	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT	0	638	3431 2793
		79	13	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN			
3404917	CENTERPOINT HUM AN SERVICES	21	420	DUPLICATE OF CLAIM-SYSTEM			
		8599	282	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	29	1357	13243 11886
		11	99	CLIENT NOT ELIGIBLE ON SERVICE DATE			

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3404919	GUILFORD CO MEN TAL HEALTHC	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	683	683
3404920	ALAMANCE CASWEL L AREA MH D	8505	3170	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8534	1231	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER.. PLEASE VERIFY THE F	14	5425	13034	7609
		8599	647	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	21	734	DUPLICATE OF CLAIM-SYSTEM				
		11	617	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	1816	8790	6974
		8536	191	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404922	THE DURHAM CENT ER	21	367	DUPLICATE OF CLAIM-SYSTEM				
		8599	203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	864	7889	7025
		8329	96	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404923	FIVE COUNTY MH	11	427	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	235	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	1072	6397	5325
		8599	150	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	399	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	277	CLIENT NOT ELIGIBLE ON SERVICE DATE	30	1512	8885	7373
		120	214	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404926	SOUTHEASTERN RE G MENTAL HL	8518	1939	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	471	DUPLICATE OF CLAIM-SYSTEM	27	2922	9099	6177
		8599	217	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404927	CUMBERLAND CO M HC	8599	22	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	20	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	12	109	2818	2709
		11	20	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404930	JOHNSTON COUNTY MNTL HLTHC	8535	1	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		0	0		0	1	6	5
3404931	WAKE CO HUM SVC BILLING OF	8518	135	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		11	129	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	417	4294	3877
		8599	115	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT R FOR MR/DD	21	344	DUPLICATE OF CLAIM-SYSTEM				
		11	155	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	582	4489	3907
		8599	55	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	11	342	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		143	176	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	1	899	1771	872
		8535	116	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	79	25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		21	6	DUPLICATE OF CLAIM-SYSTEM	5	49	1652	1603
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404937	EDGEcombe NASH MNTL HLTH C	21	27	DUPLICATE OF CLAIM-SYSTEM				
		8518	15	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	44	4402	4358
		8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404939	NEUSE MENTAL HE ALTH CENTER	8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		1588	8	CLAIM DENIED. TREATMENT HAS B EEN RENDERED BY ANOTHER PROVIDER FOR THIS DATE	0	34	1504	1470
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404941	PITT CO MH/DD/S AS CENTER	8518	3370	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8534	798	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	4774	9216	4442
		8536	286	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404942	ROANOKE CHOWANH UMAN SERVIC	79	22	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8536	10	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	60	2230	2170
		21	9	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	8536	365	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8931	47	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	63	535	1994	1459
		79	40	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404944	EASTPOINTE HUMA N SERVICES	8518	720	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	191	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	1097	6115	5018
		21	115	DUPLICATE OF CLAIM-SYSTEM				
3404946	FOOTHILLS AREAM ENTAL HEALT	3411	656	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		79	190	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	4	1151	3096	1945
		11	166	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404957	TIDELAND MENTAL HEALTH CTR	8599	103	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	7	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	8	115	3044	2929
		8935	1	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
					DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	11	203	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		8599	6	DETAIL NOT COVERED BY COMBINAT	0	216	1660	1444
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	4	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				